## H2000110875

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
LONG-PART LLC SUBJECT:	
	me of Limited Liability Company
DOCUMENT NUMBER: L1200011	0875
The enclosed Resignation of Registere for filing.	ed Agent for a Limited Liability Company and fee are submitted
Please return all correspondence conce	erning this matter to the following:
Kristie Tolliver	
Name of Person	<del></del>
COGENCY GLOBAL INC.	
Name of Firm/Compa	any
850 New Burton Rd., Suite 201	
Address	
Dover, DE 19904	
City/State and Zip Co	ode
E-mail address: (to be used for future an	nual report notification)
For further information concerning thi	s matter, please call:
Invoices Team	at ( 866 ) 621-3524
Name of Person	at ( <u>866</u> ) <u>621-3524</u> Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admitability company.	he Florida Department of State for \$85.00 for an active limited ninistratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Stat	utes, the undersigned,			
COGENCY GLOBAL, INC. hereby resis		hereby resigns a	S		
-	Name of Registered Agent				
Registered Agent for	ONG-PART LLC				-
	Name of Limited Liability Co	mpany			_·
L12000110875					
Document N	imber, if known				
A copy of this resignati	on was mailed to the above listed fir	nited liability company at its las	t known a	ddress.	
The agency is terminate	d and the office discontinued on the	31st day after the date on whic	h this state	ement i	s filed.
If signing on behalf of a		Tolliver esigning Agent	7.17	2020 SEP 29	1, - one   
	Kristie Tolliver		3	62 23	**************************************
	Typed or Primed N Assistant Secretary, COGE		1338 1 07 8	VH 3: 21	
	Capacity			25	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314